



STATE OF VERMONT
DEPARTMENT OF DISABILITIES,
AGING AND INDEPENDENT LIVING

**DIVISION OF DISABILITY AND
AGING SERVICES**

GUIDELINES FOR CRITICAL INCIDENT REPORTING

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**Please note that wherever Division of Developmental Services is referenced,
the new name is the Division of Disability and Aging Services.**

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STATE OF VERMONT
DIVISION OF DEVELOPMENTAL SERVICES
GUIDELINES FOR CRITICAL INCIDENT REPORTING

SUMMARY

Critical incident reports are essential methods of documenting, evaluating and monitoring certain serious occurrences, and assuring that the necessary people receive the information. This policy describes the information the Division of Developmental Services needs to carry out its monitoring and oversight responsibilities. It is likely that service providers will have additional incident reporting policies. This page is a summary of the Division's requirements. Additional details are on pages 2-5.

When is a Critical Incident Report required?

- Death
- Restraint
- Injury, Medication Error, and Hospitalization
- Missing person
- Other Critical Incidents (suspected abuse, neglect or exploitation; fire, theft or destruction of property; criminal acts; other unusual or significant incidents)

What information does a Critical Incident Report contain?

- Name of the person receiving services and guardian, if any
- Name of agency (indicate if self-managing)
- Name of person completing report
- Date, time, and location of incident
- Type of incident (e.g., hospitalization, injury, abuse)
- Description of incident (narrative)
- Action taken
- Persons notified and follow-up needed (if any)
- Review by QDDP (*if self-managing*) or agency supervisor

Who gets a copy of a Critical Incident Report? (*see exception on page 5*)

- The person's guardian, if there is one
- The person, if the person has indicated s/he wants it
- Services coordinator
- Person's permanent file at the agency
- Agency director
- Division of Developmental Services
- Other people as specified by the person or the agency

Is a specific form required?

The Division provides suggested forms (see Appendices), including a separate form for Critical Incident Reports for Restraints. Incident Reports do not need to be made on a Division form as long as the required information is reported.

In general, these policies cover all people who receive DS-funded services, including people who manage their own services. Some of the requirements do not apply to people who live with unpaid caregivers or housemates (such as family). Exceptions are noted on the following pages.

DETAILED GUIDELINES FOR CRITICAL INCIDENT REPORTING

Death

The death of any person who receives any developmental services funding must be reported immediately *by telephone* to the individual designated at the Division of Developmental Services to receive such reports. If the death occurs outside of regular business hours, the report should be made by a call to the Division's toll-free answering service (1-800-642-3100).

A follow-up written Critical Incident Report of the death shall be faxed or mailed to the Division of Developmental Services on the day of death or on the following working day.

Restraint

In general, a Critical Incident Report of Restraint is needed each time a restraint is used. Certain exceptions are noted below. "Restraint" includes:

- mechanical restraint
- physical restraint
- locked perimeter exits
- chemical restraint
- other restraints

For detailed information about what these categories include, see the Behavior Support Guidelines.

Restraints that occur fewer than 8 hours apart may be reported in a single report. Restraints that occur more than 8 hours apart must be reported in separate reports.

If two types of restraint are used together (e.g., physically restraining a person to administer a chemical restraint), both types of restraint should be noted on the report.

The use of locked perimeter doors should be documented with an initial report. Ongoing use of locked perimeter doors does not require further incident reports if the use is part of an approved plan, and the doors are locked in accordance with the plan.

Time-limited restraints for medical purposes do not need to be reported as long as they are done in a manner consistent with the Behavior Support Guidelines and the proper documentation is on file. If restraint is done without the required authorization and documentation, a Critical Incident Report must be filed.

PRN medication does not need to be reported unless it meets the definition of a chemical restraint (see Behavior Support Guidelines).

A Critical Incident Report of Restraint is not needed for people who live with unpaid caregivers or housemates (such as natural family), unless a developmental services funded worker did the restraint.

A restraint must be reported even if it is done in compliance with a written support plan.

Guardians must be notified verbally within twenty-four (24) hours of any restraint, unless the restraint is done according to a written support plan that the guardian has approved and the guardian does not wish to receive immediate notification of restraints.

The agency may collect Critical Incident Reports of Restraints and forward them to the Division on a monthly basis.

The reporting form for Critical Incident Reports of Restraints is a separate form because of the specialized information needed to review restraints. It is unnecessary to complete the general Critical Incident form; the restraint report serves both purposes. (See attached sample form for Critical Incident Reports of Restraints.)

Information from person who did the restraint

- ◆ Name of person, agency, guardian, and person reporting
- ◆ Type of restraint used (physical, chemical, mechanical, locked doors)
- ◆ Name of restraint (name of the physical restraint or medication)
- ◆ Date, time, and location
- ◆ Duration of restraint
- ◆ Name of person utilizing restraint
- ◆ Description of incident (including why restraint was used)
- ◆ Name(s) of anyone else present
- ◆ Whether any injury was sustained in the use of this restraint; if so, a description, including who was injured
- ◆ Effect of the restraint upon the person
- ◆ Type of follow up with the person when the incident was over
- ◆ Things that may have led up to the incident
- ◆ Persons notified

Supervisor/Service Coordinator's comment

- ◆ What caused the incident?
- ◆ Does the person have a support plan which includes this restraint?
- ◆ Is follow-up needed?
- ◆ Will there be further review?

Injuries and Medication Errors Requiring Medical Treatment/Hospitalization

A critical incident report must be written for the following medical events:

- hospitalization (overnight or emergency room visits for emergency treatment)
- injury that requires treatment by a doctor, at the time of injury or at a later time
- medication errors that require medical treatment

All hospitalizations that include an overnight stay or emergency room treatment are to be reported. "Emergency room treatment" means treatment for an injury or urgent medical condition. If a person goes to the emergency room to be checked (for instance, after an accident or a seizure) and receives no treatment, a Critical Incident Report is not required. If a person goes to the emergency room for routine lab work, a Critical Incident Report is not required. If a person goes to the emergency room on a weekend or holiday for routine treatment of illness that would ordinarily be provided in the doctor's office, a Critical Incident Report is not required.

Guardians should be notified verbally of any medical incident within twenty-four (24) hours of occurrence.

If a medication error does not result in the need for medical treatment, a Critical Incident Report is not required.

The agency may forward Critical Incident Reports involving hospitalization, injury, and medication errors to the Division of Developmental Services on a monthly basis.

A Critical Incident Report about hospitalization, injury, or medication error is not needed for people who live with unpaid caregivers or housemates (such as natural family), unless the hospitalization, injury or medication error occurred while the person was receiving supports from a DS-funded support worker.

A Critical Incident Report about hospitalization, injury, or medication error is needed for adults who live in their own home if the agency plays a role in the provision of home supports to the individual, or if the hospitalization, injury, or medication error occurred while the person was receiving supports from a DS-funded support worker.

Missing person

As soon as an agency or other responsible person thinks that a person who receives developmental services funding is missing, a report must be made immediately **by telephone** to the individual designated at the Division to receive such reports. If the person becomes missing outside of regular business hours, the report is made by a call to the Division toll-free answering service (1-800-642-3100). For the purpose of reporting, a person is considered "missing" if the person's housemate or support staff cannot locate him or her, and there is reason to think that the person may be lost or in danger. A missing person report is not needed for people who live with unpaid caregivers or housemates (such as natural family), unless the family has requested assistance in locating the person or the person became missing while the person was receiving DS-funded supports.

Even if the person has been located, a follow-up written critical incident report shall be faxed or mailed to the Division on the day the person is first missing or on the following working day.

Other Critical Incidents

Critical Incident Reports are required for the following additional situations:

- Suspected or confirmed ***abuse, neglect, or exploitation*** of or by a person who receives developmental services funding
- ***Fire, theft, or destruction of property belonging to*** a person who receives developmental services funding resulting in significant loss (more than \$500)
- ***Fire, theft, or destruction of property caused by*** a person who receives developmental services funding resulting in significant loss (more than \$500)
- ***Temporary or permanent loss of home*** caused by fire
- Alleged or suspected ***criminal acts by a staff*** when a person who receives services is present
- Alleged ***criminal acts by a person who receives services*** which are reported to the police
- Any ***unusual or significant incident*** which may *attract media attention*
- Any *incident or circumstance* that may subsequently involve ***claims or legal action*** against the State or a DS-funded provider

The guardian and the Division of Developmental Services must be notified of any of these Other Critical Incidents verbally or by fax within twenty-four (24) hours. If the report is made verbally, there shall be a follow-up written report within twenty-four (24) hours.

Distribution of Critical Incident Reports about abuse, neglect, exploitation, or alleged crimes may require exceptions to the guidelines about who gets a copy of a Critical Incident Report. No one should receive a copy of such a report who is the subject of a complaint, or who might release unauthorized information while the complaint is being investigated. Ordinarily the guardian should receive a report (unless the guardian is the alleged perpetrator), but the guardian should be cautioned to maintain the confidentiality of the report.

People Who Are Self-Managing

People who are self-managing their services should send their Critical Incident Reports to the designated agency. The designated agency is responsible for forwarding them to the Division of Developmental Services within the same timeframes set forth in the guidelines for all individuals in service.

In situations where immediate notice (i.e., consumer death, consumer missing) to the Division is required, the person who is self-managing should give phone notification to either the designated agency or the Division, whichever one can be reached first. Written documentation of the incident is sent to the designated agency, and the designated agency forwards the report to the Division.

**Division of Developmental Services****CRITICAL INCIDENT REPORT**

NAME OF PERSON: _____
NAME OF AGENCY: _____ ☐ *Check if self-managing*
NAME OF GUARDIAN: _____
NAME OF PERSON REPORTING: _____

TYPE OF INCIDENT (*Check all that apply:*)

Please use "Critical Incident Report for Restraint" to report restraint.

- | | | |
|---|---|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Injury requiring medical attention |
| <input type="checkbox"/> Criminal Act | <input type="checkbox"/> Missing Person | <input type="checkbox"/> Fire, theft or destruction of property |
| <input type="checkbox"/> Suspected abuse, neglect, exploitation | <input type="checkbox"/> Other unusual or significant event | |

DATE OF INCIDENT: _____ **TIME:** _____

LOCATION: _____

DESCRIPTION OF INCIDENT: _____

ACTION TAKEN: _____

WHO WAS NOTIFIED ABOUT THIS INCIDENT? ☐ Supervisor/Case Manager ☐ Guardian

☐ Agency Director ☐ Division Of Developmental Services ☐ APS ☐ SRS

☐ Other _____

IS FOLLOW-UP NEEDED? ☐ Yes ☐ No - *If yes, please describe follow-up that is needed:* _____

SUPERVISOR REVIEW: NAME: _____ **DATE:** _____

COMMENTS: _____

***Division of Developmental Services******CRITICAL INCIDENT REPORT FOR RESTRAINT***

NAME OF PERSON: _____
NAME OF AGENCY: _____ ☐ *Check if self-managing*
NAME OF GUARDIAN: _____
NAME OF PERSON REPORTING: _____

DATE OF RESTRAINT: _____ **TIME:** _____

LOCATION: _____

TYPE OF RESTRAINT: ☐ Physical ☐ Chemical ☐ Mechanical ☐ Other

NAME OF RESTRAINT: _____
(Name of drug or restraint used.)

NAME OF PERSON UTILIZING RESTRAINT: _____

DESCRIPTION OF INCIDENT: (Include why restraint was needed and alternatives tried.)

HOW LONG DID THE RESTRAINT LAST? _____

NAMES OF ANYONE ELSE PRESENT: _____

DID INJURY TO ANYONE RESULT? (Describe) _____

CAN YOU THINK OF ANYTHING THAT LED UP TO THE INCIDENT? _____

HOW WAS THE PERSON AFFECTED? _____

HOW DID YOU FOLLOW UP WITH THE PERSON WHEN THE INCIDENT WAS OVER?

Over



WHO WAS NOTIFIED ABOUT THIS INCIDENT? ☐ Supervisor/Case Manager ☐ Guardian
☐ Agency Director ☐ Division of Developmental Services ☐ Other _____

Supervisor's/Case Manager's Comments

NAME: _____

WHAT DO YOU THINK CAUSED THIS INCIDENT? _____

DOES THE PERSON HAVE A SUPPORT PLAN THAT INCLUDES USE OF THIS RESTRAINT?

☐ Yes ☐ No

IS FOLLOW-UP NEEDED? ☐ Yes ☐ No - *If yes, please describe follow-up that is needed:*

OTHER THAN THIS REVIEW, IS THERE A PROCESS FOR REVIEWING THIS INCIDENT TO AVOID FUTURE OCCURRENCES? ☐ Yes ☐ No *Describe:*_____
